



MEMORANDUM

**To:** Kaiser Permanente Network Physicians      **Date:** February 18, 2021  
**Subject:** Notice to MDs: KPNW Network Provider      **From:** Formulary Services  
Notification of Part D Negative Formulary  
Change 2021

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As a part of our due diligence to inform all concerned of Medicare Part D Formulary Changes, the following notification is requested by CMS to be sent to all Providers.

**Medicare Part D Benefit Coverage – Product removal**

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List). The list below is intended to inform you of these changes.

**Product Removal: Monurol Pack 3 gm; Kerydin solution 5%; Timoptic Ocudose solution 0.5%; Truvada tablets 200 mg-300 mg; Librax capsules 5 mg-2.5 mg; Atripla tablets 600 mg-200 mg-300 mg; Emtriva capsules 200 mg**

Effective February 1, 2021, the brand-name drug: Monurol Pack 3 gm will be removed from the KP Medicare Part D Drug List as generic alternative is now available

Effective February 1, 2021, the brand-name drug: Kerydin solution 5% will be removed from the KP Medicare Part D Drug List as generic alternative is now available

Effective February 1, 2021, the brand-name drug: Timoptic Ocudose solution 0.5% will be removed from the KP Medicare Part D Drug List as generic alternative is now available

Effective February 1, 2021, the brand-name drug: Truvada tablets 200 mg-300 mg will be removed from the KP Medicare Part D Drug List as generic alternative is now available.

Effective March 1, 2021, the brand-name drug: Librax capsules 5 mg-2.5 mg will be removed from the KP Medicare Part D Drug List as generic alternative is now available.

Effective April 1, 2021, the brand-name drug: Atripla tablets 600 mg-200 mg-300 mg will be removed from the KP Medicare Part D Drug List as generic alternative is now available.

Effective April 1, 2021, the brand-name drug: Emtriva capsules 200 mg will be removed from the KP Medicare Part D Drug List as generic alternative is now available.

Affected members who were prescribed these drugs prior to each effective date will be grandfathered, meaning members will continue to receive the removed product under their Part D benefit and continue to receive the product, except for members who have been converted to the generic alternatives.



Reason for change	Drug Name/Description	Date and Type of Change:	Alternate Drug  (Note: Over-the-counter (OTC) drugs are not covered under the Medicare Part D benefit)
Generic Available	MONUROL PACK 3 GM	February 1, 2021  Brand drug to be replaced with generic	FOSFOMYCIN TROMETHAMINE PACK 3 GM
Generic Available	KERYDIN SOLN 5 %	February 1, 2021  Brand drug to be replaced with generic	TAVABOROLE SOLN 5 %
Generic Available	TIMOPTIC OCULOSE SOLN 0.5 %	February 1, 2021  Brand drug to be replaced with generic	TIMOLOL MALEATE PF SOLN 0.5 %
Generic Available	TRUVADA TABS 200-300 MG	February 1, 2021  Brand drug to be replaced with generic	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 200-300 MG
Generic Available	LIBRAX CAPS 5-2.5 MG	March 1, 2021  Brand drug to be replaced with generic	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG
Generic Available	ATRIPLA TABS 600-200-300MG	April 1, 2021  Brand drug to be replaced with generic	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 600-200-300 MG
Generic Available	EMTRIVA CAPS 200MG	April 1, 2021  Brand drug to be replaced with generic	EMTRICITABINE CAPS 200 MG